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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

| | |
|------------------------|---------------------|
| Application Number | 09/431,594 |
| Filing Date | November 1, 1999 |
| First Named Inventor | Wheeler, Jeffery J. |
| Group Art Unit | 1635 |
| Examiner Name | T. Larson |
| Attorney Docket Number | 16303-002430 |

Total Number of Pages in This Submission

1

ENCLOSURES (check all that apply)

☒ Fee Transmittal Form☐ Fee Attached☒ Amendment / Response☐ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/
Incomplete Application☐ Response to Missing
Parts under 37 CFR
1.52 or 1.53☐ Assignment Papers
(for an Application)☐ Drawing(s)☐ Licensing-related Papers☐ Petition Routing Slip (PTO/SB/69)
and Accompanying Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s)☐ After Allowance Communication to
Group☐ Appeal Communication to Board of
Appeals and Interferences☐ Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s)
(please identify below):

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Remarks

The Commissioner is authorized to charge any additional fees to
Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
and
Individual name

Townsend and Townsend and Crew LLP

Eugenia Garrett Wackowski

Reg. No. 37,330

Signature

Date

2/11/02

CERTIFICATE OF MAILING

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Typed or printed name

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Date

2/11/02

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WC 9037335 v1

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FEE TRANSMITTAL
for FY 2001

FEB 22 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 460

Complete if Known

| | |
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| METHOD OF PAYMENT | | FEE CALCULATION (continued) | | | |
|---|-----------------|-----------------------------------|-----------------|--|----------|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | 3. ADDITIONAL FEES | | | |
| 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | | | | |
| FEE CALCULATION | | | | | |
| 1. BASIC FILING FEE | | | | | |
| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid |
| 101 | 740 | 201 | 370 | Utility filing fee | |
| 106 | 330 | 206 | 165 | Design filing fee | |
| 107 | 510 | 207 | 255 | Plant filing fee | |
| 108 | 740 | 208 | 370 | Reissue filing fee | |
| 114 | 160 | 214 | 80 | Provisional filing fee | |
| SUBTOTAL (1) | | | | | |
| 2. EXTRA CLAIM FEES | | | | | |
| Total Claims | -20** | Extra Claims | Fee from below | Fee Paid | |
| Independent Claims | -3** | | | | |
| Multiple Dependent | | | | | |
| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | |
| 103 | 18 | 203 | 9 | Claims in excess of 20 | |
| 102 | 84 | 202 | 42 | Independent claims in excess of 3 | |
| 104 | 280 | 204 | 140 | Multiple dependent claim, if not paid | |
| 109 | 84 | 209 | 42 | ** Reissue independent claims over original patent | |
| 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) | | | | | |
| **or number previously paid, if greater; For Reissues, see above | | | | | |
| | | *Reduced by Basic Filing Fee Paid | | SUBTOTAL (3) | (\$460) |

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)

Eugenia Garrett-Wackowski

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Signature

Eugenia Garrett-Wackowski

Date

2/11/02

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